

EXHIBIT A

State of Alabama
Unified Judicial System
Form ARCiv-93 Rev. 9/18

Ca:
31

Judge Code:

Election to Proceed under the Alabama Rules for Expedited Civil Actions: ☐ YES ☒ NO



ELECTRONICALLY FILED
2/26/2019 3:20 PM
31-CV-2019-900133.00
CIRCUIT COURT OF
ETOWAH COUNTY, ALABAMA
CASSANDRA JOHNSON, CLERK

State of Alabama Unified Judicial System Form C-10 Page 1 of 2 Rev. 2/95	AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER	Case Number
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IN THE Circuit COURT OF Etowah County, ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: Jane Kiser v. Life Ins. Co. of North America
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

☐ **CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me.

☐ **CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.

☐ **DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/me

AFFIDAVIT

SECTION 1.

1. IDENTIFICATION

Full name Jane C. Kiser Date of Birth 12-16-1959

Spouse's full name (if married) Gregory B. Kiser

Complete home address 305 County Road 263 Piedmont, AL 36272

Number of people living in household 2

Home telephone number 256-283-7078

Occupation/Job Disabled Length of employment _____

Driver's license number 3916150 *Social Security Number 417-92-6751

Employer NA Employer's telephone number NA

Employer's address NA

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those which apply)

☐ AFDC ☐ Food Stamps ☐ SSI ☐ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income	\$ <u>1819.00</u>
Spouse's Monthly Gross Income (unless a marital offense)	<u>1218.00</u>
Other Earnings: Commissions, Bonuses, Interest Income, etc.	_____
Contributions from Other People Living in Household	_____
Unemployment/Workmen's Compensation,	_____
Social Security, Retirements, etc.	_____
Other Income (be specific) _____	<u>4</u>
TOTAL MONTHLY GROSS INCOME	\$ <u>3037.00</u>

Monthly Expenses:

A. Living Expenses	\$ _____
Rent/Mortgage	<u>641.00</u>
Total Utilities: Gas, Electricity, Water, etc	<u>310.00</u>
Food	<u>500.00</u>
Clothing	_____
Health Care/Medical	<u>500.00</u>
Insurance	<u>160.00</u>
Car Payment(s)/Transportation Expenses	<u>500.00</u>
Loan Payment(s)	<u>100.00</u>

***OPTIONAL**

Form C-10 Page 2 of 2 Rev. 2/95		AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER	
Monthly Expenses: (cont'd page 1) Credit Card Payment(s) _____ Educational/Employment Expenses _____ Other Expenses (be specific) _____ <u>phone</u> <u>internet</u> _____ <u>Sub-Total</u> _____		<u>280.00</u> <u>100.00</u> <u>280.00</u>	A \$ <u>3091.00</u>
B. Child Support Payment(s)/Alimony _____ <u>Sub-Total</u> _____		\$ _____	B \$ _____
C. Exceptional Expenses _____		\$ _____	
TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)		\$ _____	
Total Gross Monthly Income Less total monthly expenses: DISPOSABLE MONTHLY INCOME \$ _____			
4. LIQUID ASSETS: Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) _____ Equity in Real Estate (value of property less what you owe) _____ Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe) _____ Other (be specific) _____ Do you own anything else of value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (land, house, boat, TV, stereo, jewelry) If so, describe _____ TOTAL LIQUID ASSETS _____			
\$ <u>100</u> <u>20,000</u> <u>LMU</u> <u>no reports</u> \$ <u>26,000</u>			
5. Affidavit/Request I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury, I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provide by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel.			
Sworn to and subscribed before me this _____ day of <u>February</u> , <u>2019</u> <u>John C. Kiser</u> Affiant's Signature <u>John C. Kiser</u> Print or Type Name			
ORDER OF COURT			
SECTION II IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS: <input type="checkbox"/> Affiant is not indigent and request is DENIED. <input type="checkbox"/> Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ _____ towards the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: _____ <input type="checkbox"/> Affiant is indigent and request is GRANTED. <input type="checkbox"/> The prepayment of docket fees is waived.			
IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant.			
IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.			
Done this _____ day of _____			
_____ Judge			



ELECTRONICALLY FILED
2/26/2019 3:20 PM
31-CV-2019-900133.00
CIRCUIT COURT OF
ETOWAH COUNTY, ALABAMA
CASSANDRA JOHNSON, CLERK

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER,

Plaintiff,

v.

LIFE INSURANCE COMPANY OF NORTH
AMERICA,

Defendant

*
*
*
*
*
*
*
*
*

Case Number: _____

COMPLAINT

Long Term Disability Benefits

1. Plaintiff, age 59, is a 22 year disabled former employee of Floyd Medical Center.
2. Plaintiff has long term disability benefits through Defendant Life Insurance Company of North America.
3. Plaintiff was injured in an automobile accident and suffers from mental trauma as well as back injuries.
4. Plaintiff has short term memory loss, difficulty thinking, confusion, and difficulty with speech.
5. Plaintiff drew long term disability benefits for two years until benefits were terminated.
6. Plaintiff is currently drawing Social Security disability benefits.
7. Plaintiff has exhausted all administrative remedies with a denial of administrative appeal on 10/12/18.
8. This claim is filed pursuant to 29 U.S.C. §1132.

WHEREFORE, Plaintiff prays for appropriate relief, attorney fees and costs which are less than \$50,000.

s/MYRON K. ALLENSTEIN (ALL016)
ROSE MARIE ALLENSTEIN (ALL060)
ALLENSTEIN & ALLENSTEIN, LLC
Attorneys for Plaintiff
141 South 9th Street
Gadsden, AL 35901
(256) 546-6314
(256) 547-7648 (fax)
myron@allenstein.com
rose@allenstein.com



AlaFile E-Notice

31-CV-2019-900133.00

Judge: WILLIAM B OGLETREE

To: ALLENSTEIN MYRON KAY
myron@allenstein.com

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

The following matter was FILED on 2/26/2019 4:46:32 PM

Notice Date: 2/26/2019 4:46:32 PM

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2019-900133.00

Judge: WILLIAM B OGLETREE

To: LIFE INSURANCE COMPANY OF N. AMERICA (PRO SE)
2 NORTH JACKSON STREET
SUITE 605
MONTGOMERY, AL, 36104-0000

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

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ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2019-900133.00

To: MYRON KAY ALLENSTEIN
myron@allenstein.com

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

The following complaint was FILED on 2/26/2019 3:20:49 PM

Notice Date: 2/26/2019 3:20:49 PM

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CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2019-900133.00

To: LIFE INSURANCE COMPANY OF N. AMERICA
2 NORTH JACKSON STREET
SUITE 605
MONTGOMERY, AL, 36104

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

The following complaint was FILED on 2/26/2019 3:20:49 PM

Notice Date: 2/26/2019 3:20:49 PM

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 31-CV-2019-900133.00
IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA		
NOTICE TO: LIFE INSURANCE COMPANY OF N. AMERICA, 2 NORTH JACKSON STREET SUITE 605, MONTGOMERY, AL 36104 <div style="text-align: center; margin-top: 5px;"> <i>(Name and Address of Defendant)</i> </div> <p>THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), MYRON KAY ALLENSTEIN</p> <div style="text-align: center; margin-top: 5px;"> <i>(Name(s) of Attorney(s))</i> </div> <p>WHOSE ADDRESS(ES) IS/ARE: 141 S. 9TH STREET, GADSDEN, AL 35901</p> <div style="text-align: center; margin-top: 5px;"> <i>(Address(es) of Plaintiff(s) or Attorney(s))</i> </div> <p>THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.</p>		
TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:		
<input type="checkbox"/> You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. <input checked="" type="checkbox"/> Service by certified mail of this Summons is initiated upon the written request of <u>JANE KISER</u> <div style="text-align: right; margin-right: 50px;"><i>(Name(s))</i></div> <p> <u>2/26/2019 3:20:49 PM</u> <u>/s/ CASSANDRA JOHNSON</u> By: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <i>(Date)</i> <i>(Signature of Clerk)</i> <i>(Name)</i> </div> </p>		
<input checked="" type="checkbox"/> Certified Mail is hereby requested. <u>/s/ MYRON KAY ALLENSTEIN</u> <div style="text-align: right; margin-right: 50px;"><i>(Plaintiff's/Attorney's Signature)</i></div>		
RETURN ON SERVICE		
<input type="checkbox"/> Return receipt of certified mail received in this office on _____ <div style="text-align: right; margin-right: 50px;"><i>(Date)</i></div> <input type="checkbox"/> I certify that I personally delivered a copy of this Summons and Complaint or other document to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <i>(Name of Person Served)</i> <i>(Name of County)</i> </div> <p> Alabama on _____ <div style="text-align: center; margin-top: 5px;"><i>(Date)</i></div> </p> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 20px;"> <div style="width: 30%;"> _____ <i>(Type of Process Server)</i> </div> <div style="width: 30%;"> _____ <i>(Server's Signature)</i> </div> <div style="width: 30%;"> _____ <i>(Address of Server)</i> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 10px;"> <div style="width: 30%;"> _____ <i>(Server's Printed Name)</i> </div> <div style="width: 30%;"> _____ <i>(Phone Number of Server)</i> </div> </div>		



ELECTRONICALLY FILED
2/26/2019 4:47 PM
31-CV-2019-900133.00
CIRCUIT COURT OF
ETOWAH COUNTY, ALABAMA
CASSANDRA JOHNSON, CLERK

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

KISER JANE)	
)	
Plaintiff,)	
)	
v.)	Case No.: CV-2019-900133.00
)	
LIFE INSURANCE COMPANY OF N. AMERICA)	
)	
Defendant.)	

ORDER ON AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Affiant is indigent and request is GRANTED. The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

DONE this 26th day of February, 2019

/s/ WILLIAM B OGLETREE

CIRCUIT JUDGE



NOTICE TO CLERK

REQUIREMENTS FOR COMPLETING SERVICE BY
CERTIFIED MAIL OR FIRST CLASS MAIL

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA
JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA

31-CV-2019-900133.00

WBO

To: CLERK ETOWAH
clerk.etowah@alacourt.gov

TOTAL POSTAGE PAID: \$6.95

Parties to be served by Certified Mail - Return Receipt Requested

LIFE INSURANCE COMPANY OF N. AMERICA
2 NORTH JACKSON STREET
SUITE 605
MONTGOMERY, AL 36104

Postage: \$6.95

Parties to be served by Certified Mail - Restricted Delivery - Return Receipt Requested

Parties to be served by First Class Mail

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



AlaFile E-Notice

31-CV-2019-900133.00

Judge: WILLIAM B OGLETREE

To: ALLENSTEIN MYRON KAY
myron@allenstein.com

NOTICE OF SERVICE

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

The following matter was served on 3/1/2019

D001 LIFE INSURANCE COMPANY OF N. AMERICA

Corresponding To
CERTIFIED MAIL

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Life Insurance Company of N America
 2 North Jackson Street
 Suite 605
 Montgomery, AL 36104
 CV-2019-900133 WBO S/C D001



9590 9402 4480 8248 1089 20

7018 1130 0002 1896 5868

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Laura McHane* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

MAR 01 2019

C. Date of Delivery

Address different from item 1? ☐ YesDelivery address below: ☐ No

FILED

MAR 06 2019

3. Service Type

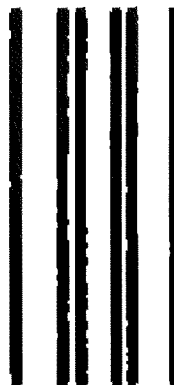
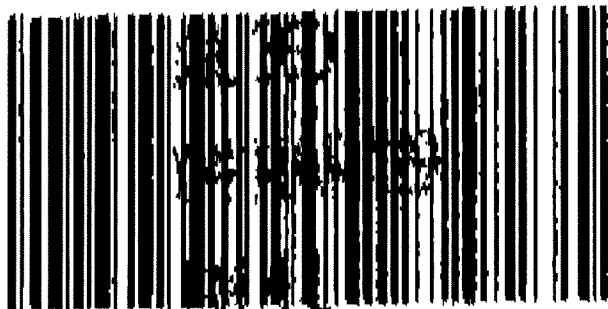
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

In Delivery Restricted Delivery

- ☐ Insured Mail Restricted Delivery (over \$500)

USPS TRACKING[®] SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 4480 8248 1089 20

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

CASSANDRA "SAM" JOHNSON
ETOWAH COUNTY CIRCUIT CLERK
801 FORREST AVE - SUITE 202
GADSDEN, ALABAMA 35901

01-366352

